

Fill in this information to identify your case:

Debtor 1 **Lana Lisboa Wilson**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **22-01900**
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	4,113.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	4,113.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	15,579.35
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	10,699.44
Your total liabilities		\$ 26,278.79

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	2,435.49
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	2,304.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **2,857.65**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 6,000.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 6,000.00

Fill in this information to identify your case and this filing:

Debtor 1	Lana Lisboa Wilson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA			
Case number	22-01900		

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **CHEVROLET**
 Model: **SUBURBAN 1500 LT**
 Year: **2000**
 Approximate mileage: **400,000**
 Other information:
2000 CHEVROLET SUBURBAN 1500 LT: VIN# (), (4) DOOR, (8) CYLINDER, (400,000) MILES, DEBTOR ESTIMATES VALUE AT (\$200)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$200.00	\$200.00

3.2 Make: **SCION**
 Model: **TC**
 Year: **2007**
 Approximate mileage: **190,000**
 Other information:
2007 SCION TC: VIN# (JTKDE177070205087), (2) DOOR, (4) CYLINDER, (190,000) MILES, NADA VALUE (\$480)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$480.00	\$480.00

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$680.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

HOUSEHOLD GOODS: COUCHES, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, WASHER, DRYER

\$750.00

HOUSEHOLD GOODS: REFRIGERATOR, BED

\$200.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER, PHONE

\$600.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No
☒ Yes. Describe.....

BOOKS

\$25.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe.....

CLOTHING

\$300.00

Debtor 1 Lana Lisboa Wilson

Case number (if known) 22-01900

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

JEWELRY

\$200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

ANIMALS: (3) MIXED BREED DOGS

\$100.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,175.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

CASH ON HAND

\$40.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

CHIME: CHECKING ACCOUNT# (9869)

\$0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

- ☒ No
☐ Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately.
 Type of account:

Institution name:

403(b)

**RETIREMENT PROGRAM: ERISA QUALIFIED
 403(b) RETIREMENT PROGRAM, FACE
 VALUE OF PROGRAM (\$18), CASH
 SURRENDER VALUE OF PROGRAM (\$0.00)**

\$18.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☐ No
☒ Yes.

Institution name or individual:

Rental deposit

**SECURITY DEPOSIT: DEBTOR PAID RENTAL
 SECURITY DEPOSIT IN THE AMOUNT OF
 (\$1,200)**

\$1,200.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

**Current value of the
 portion you own?**
 Do not deduct secured
 claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

PEBA LIFE INSURANCE: GROUP LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$150,000), CASH SURRENDER VALUE OF POLICY (\$0.00)

CHILD

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,258.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

53. **Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. **Add the dollar value of all of your entries from Part 7. Write that number here**

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$680.00	
57. Part 3: Total personal and household items, line 15	\$2,175.00	
58. Part 4: Total financial assets, line 36	\$1,258.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$4,113.00	Copy personal property total \$4,113.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$4,113.00

Fill in this information to identify your case:

Debtor 1	Lana Lisboa Wilson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	22-01900		

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2000 CHEVROLET SUBURBAN 1500 LT: VIN# (), (4) DOOR, (8) CYLINDER, (400,000) MILES, DEBTOR ESTIMATES VALUE AT (\$200) Line from <i>Schedule A/B</i> : 3.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$200.00 of unused Homestead Exemption
2007 SCION TC: VIN# (JTKDE177070205087), (2) DOOR, (4) CYLINDER, (190,000) MILES, NADA VALUE (\$480) Line from <i>Schedule A/B</i> : 3.2	\$480.00	<input checked="" type="checkbox"/> \$6,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
HOUSEHOLD GOODS: COUCHES, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, WASHER, DRYER Line from <i>Schedule A/B</i> : 6.1	\$750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: REFRIGERATOR, BED Line from <i>Schedule A/B</i> : 6.2	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER, PHONE Line from Schedule A/B: 7.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CLOTHING Line from Schedule A/B: 11.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
ANIMALS: (3) MIXED BREED DOGS Line from Schedule A/B: 13.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CASH ON HAND Line from Schedule A/B: 16.1	\$40.00	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Checking: CHIME: CHECKING ACCOUNT# (9869) Line from Schedule A/B: 17.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
403(b): RETIREMENT PROGRAM: ERISA QUALIFIED 403(b) RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$18), CASH SURRENDER VALUE OF PROGRAM (\$0.00) Line from Schedule A/B: 21.1	\$18.00	<input checked="" type="checkbox"/> \$18.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)
Rental deposit: SECURITY DEPOSIT: DEBTOR PAID RENTAL SECURITY DEPOSIT IN THE AMOUNT OF (\$1,200) Line from Schedule A/B: 22.1	\$1,200.00	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
PEBA LIFE INSURANCE: GROUP LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$150,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Beneficiary: CHILD Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 38-63-40(C)

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1	Lana Lisboa Wilson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	22-01900		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 AARONS <small>Creditor's Name</small> 5510 TWO NOTCH ROAD Columbia, SC 29210 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: HOUSEHOLD GOODS-REFRIGERATOR, BED: TO BE VALUED IN PLAN As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$1,200.00	\$200.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Purchase Money Security		
Date debt was incurred 9/17	Last 4 digits of account number 6189		

Debtor 1 **Lana Lisboa Wilson** Case number (if known) **22-01900**
 First Name Middle Name Last Name

2.2 AUTO MONEY Describe the property that secures the claim: **\$1,845.16** **\$200.00** **\$1,645.16**
 Creditor's Name
3320 N MAIN STREET
Columbia, SC 29203
 Number, Street, City, State & Zip Code
2000 CHEVROLET SUBURBAN 1500
LT: TO BE VALUED IN PLAN
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Auto Loan**
 Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred **1/18** Last 4 digits of account number **6189**

2.3 BOND FINANCE Describe the property that secures the claim: **\$751.39** **\$750.00** **\$751.39**
 Creditor's Name
3901 TWO NOTCH ROAD
Columbia, SC 29204
 Number, Street, City, State & Zip Code
HOUSEHOLD GOODS: 522(F)
VOIDABLE
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**
 Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred **1/17** Last 4 digits of account number **1334**

2.4 COMMUNITY CREDIT Describe the property that secures the claim: **\$694.90** **\$750.00** **\$694.90**
 Creditor's Name
1607 BROAD RIVER ROAD
Columbia, SC 29210
 Number, Street, City, State & Zip Code
HOUSEHOLD GOODS: 522(F)
VOIDABLE
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**
 Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred **1/17** Last 4 digits of account number **6189**

Debtor 1 Lana Lisboa Wilson <small>First Name Middle Name Last Name</small>	Case number (if known) 22-01900
---	--

2.5 CREDIT CENTRAL <small>Creditor's Name</small> 6169 ST ANDREWS ROAD, STE 120 Columbia, SC 29212 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> HOUSEHOLD GOODS: 522(F) VOIDABLE </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$1,990.77	\$750.00	\$1,240.77
---	--	-------------------	-----------------	-------------------

Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 1/17 Last 4 digits of account number 6619
---	--

2.6 LENDERS LOANS <small>Creditor's Name</small> 1102 WASHINGTON STREET Columbia, SC 29201 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> HOUSEHOLD GOODS: 522(F) VOIDABLE </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$2,067.00	\$750.00	\$2,067.00
---	--	-------------------	-----------------	-------------------

Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 3/22 Last 4 digits of account number 2027
---	--

2.7 SECURITY FINANCE <small>Creditor's Name</small> 1111 TAYLOR ST Columbia, SC 29201 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> HOUSEHOLD GOODS: 522(F) VOIDABLE </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$437.23	\$750.00	\$437.23
--	--	-----------------	-----------------	-----------------

Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 1/17 Last 4 digits of account number 6577
---	--

Debtor 1	Lana Lisboa Wilson	Case number (if known)	22-01900	
	First Name Middle Name Last Name			

2.8	TITLEMAX <small>Creditor's Name</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px; min-height: 30px;">2007 SCION TC: TO BE VALUED IN PLAN</div>	\$2,763.32	\$480.00	\$2,283.32
	3100 TWO NOTCH ROAD Columbia, SC 29204				
	<small>Number, Street, City, State & Zip Code</small>				

Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Auto Loan
--	---

Date debt was incurred	1/19	Last 4 digits of account number	6189
------------------------	------	---------------------------------	------

2.9	WORLD FINANCE <small>Creditor's Name</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px; min-height: 30px;">HOUSEHOLD GOODS: 522(F) VOIDABLE</div>	\$408.36	\$750.00	\$408.36
	10008 TWO NOTCH ROAD, SUITE B COLUMBIA, SC 29223				
	<small>Number, Street, City, State & Zip Code</small>				

Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Non-Purchase Money Security
--	---

Date debt was incurred	1/17	Last 4 digits of account number	3135
------------------------	------	---------------------------------	------

2.10	WORLD FINANCE <small>Creditor's Name</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px; min-height: 30px;">HOUSEHOLD GOODS: 522(F) VOIDABLE</div>	\$452.18	\$750.00	\$452.18
	620 12th STREET West Columbia, SC 29169				
	<small>Number, Street, City, State & Zip Code</small>				

Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Non-Purchase Money Security
--	---

Date debt was incurred	1/19	Last 4 digits of account number	4956
------------------------	------	---------------------------------	------

Debtor 1 **Lana Lisboa Wilson** Case number (if known) **22-01900**

First Name Middle Name Last Name

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2.1 1</div> <p>WORLD FINANCE</p> <p><small>Creditor's Name</small></p> <p>PO BOX 6429 Greenville, SC 29606</p> <p><small>Number, Street, City, State & Zip Code</small></p>	<p>Describe the property that secures the claim:</p> <div style="border: 1px solid black; padding: 5px;">HOUSEHOLD GOODS: 522(F) VOIDABLE</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) Non-Purchase Money Security</p>	<p>\$1,664.15</p> <hr/> <p>\$750.00</p> <hr/> <p>\$1,664.15</p> <hr/>
--	---	--

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **1/18** Last 4 digits of account number **6189**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2.1 2</div> <p>WORLD FINANCE</p> <p><small>Creditor's Name</small></p> <p>PO BOX 6429 Greenville, SC 29606</p> <p><small>Number, Street, City, State & Zip Code</small></p>	<p>Describe the property that secures the claim:</p> <div style="border: 1px solid black; padding: 5px;">HOUSEHOLD GOODS: 522(F) VOIDABLE</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) Non-Purchase Money Security</p>	<p>\$1,304.89</p> <hr/> <p>\$750.00</p> <hr/> <p>\$1,304.89</p> <hr/>
--	---	--

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **1/18** Last 4 digits of account number **3116**

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$15,579.35
\$15,579.35

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<p>[]</p> <p>Name, Number, Street, City, State & Zip Code</p> <p>AUTO MONEY 450 MEETING STREET Charleston, SC 29403</p>	<p>On which line in Part 1 did you enter the creditor? 2.2</p> <p>Last 4 digits of account number ____</p>
<p>[]</p> <p>Name, Number, Street, City, State & Zip Code</p> <p>TEA OLIVE PO BOX 1931 Burlingame, CA 94011</p>	<p>On which line in Part 1 did you enter the creditor? 2.7</p> <p>Last 4 digits of account number ____</p>

Debtor 1 Lana Lisboa Wilson Case number (if known) 22-01900

First Name Middle Name Last Name

[] Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.3
TEA OLIVE
PO BOX 1931 Last 4 digits of account number ____
Burlingame, CA 94011

[] Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.8
TITLEMAX
15 BULL STREET, STE 200 Last 4 digits of account number ____
Savannah, GA 31401

[] Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.9
WORLD FINANCE
PO BOX 6429 Last 4 digits of account number ____
Greenville, SC 29606

Fill in this information to identify your case:

Debtor 1	Lana Lisboa Wilson		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	22-01900		
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 10px;">4.1</div> <div> <p>AMERICAN INFOSOURCE</p> <p>Nonpriority Creditor's Name</p> <p>PO BOX 4457</p> <p>Houston, TX 77210</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div>
--

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

4.2

AMERICASH

Nonpriority Creditor's Name

**2800 ROSEWOOD DRIVE
Columbia, SC 29205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6189**

\$1,456.62

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cash Advance**

4.3

INSTANT CASH LOAN

Nonpriority Creditor's Name

**1624 BROAD RIVER ROAD, SUITE 1
Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2234**

\$734.34

When was the debt incurred? **1/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cash Advance**

4.4

IRS

Nonpriority Creditor's Name

**PO BOX 7346
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6189**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

Debtor 1 **Lana Lisboa Wilson**

Case number (if known)

22-01900

4.5

NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Wilkes Barre, PA 18773

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6189**

\$6,000.00

When was the debt incurred? **2010**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify

Student Loan

4.6

NAVY FEDERAL CREDIT UNION

Nonpriority Creditor's Name

PO BOX 3000

Merrifield, VA 22119

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1208**

\$719.12

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Line of Credit**

4.7

PORTFOLIO RECOVERY

Nonpriority Creditor's Name

PO BOX 12914

Norfolk, VA 23541

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8688**

\$478.63

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-CAPITAL ONE**

Debtor 1 **Lana Lisboa Wilson**

Case number (if known)

22-01900

4.8

RICHLAND COUNTY TREASURER

Nonpriority Creditor's Name

PO BOX 11947

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6189**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.9

SC DEPT OF REVENUE

Nonpriority Creditor's Name

PO BOX 12265

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6189**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.1
0

TD BANK

Nonpriority Creditor's Name

PO BOX 16029

Lewiston, ME 04243

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6337**

\$250.00

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Line of Credit**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

AMERICASH

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

**PO BOX 1728
Des Plaines, IL 60017**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**CAPITAL ONE
PO BOX 71083
Charlotte, NC 28272**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**VERIZON
PO BOX 4001
Acworth, GA 30101**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>0.00</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>6,000.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>4,699.44</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>10,699.44</u>

Fill in this information to identify your case:

Debtor 1	Lana Lisboa Wilson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	22-01900		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 KANISHA HARRIS 3 PLOVER COURT Columbia, SC 29203	DEBTORS RESIDENCE-3 PLOVER COURT, COLUMBIA SC 29203, DEBTORS RENTS RESIDENCE AND PAYS (\$1,200)/MONTH. DEBTOR WILL ASSUME CONTRACT. DEBTOR WILL REMAIN CURRENT AND CONTINUE TO PAY OUTSIDE OF PLAN

Fill in this information to identify your case:

Debtor 1	Lana Lisboa Wilson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	22-01900		

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____
Number Street City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____
Number Street City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Lana Lisboa Wilson

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 22-01900
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>POSTAL WORKER</u>	
	Employer's name	<u>US POSTAL SERVICE</u>	
	Employer's address	<u>1601 ASSEMBLY STREET</u> <u>Columbia, SC 29201</u>	
	How long employed there?	<u>1 MONTH</u>	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,249.99</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>3,249.99</u>	\$ <u>N/A</u>

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 3,249.99	\$ N/A	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 812.50	\$ N/A	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A	
5e. Insurance	5e. \$ 2.00	\$ N/A	
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A	
5g. Union dues	5g. \$ 0.00	\$ N/A	
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ N/A	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 814.50	\$ N/A	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,435.49	\$ N/A	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A	
8b. Interest and dividends	8b. \$ 0.00	\$ N/A	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A	
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A	
8e. Social Security	8e. \$ 0.00	\$ N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A	
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ N/A	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,435.49	+ \$ N/A	= \$ 2,435.49
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			
		11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 2,435.49	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: DEBTOR BEGAN WORKING FOR US POSTAL SERVICE IN JULY 2022. INCOME IS BASED ON OFFER AND DEBTOR WILL PROVIDE PAY ADVICES AS RECEIVED. DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.			



Prisma Health Medical Group-Midlands 15 Medical Park Suite 300 Columbia, SC 29203 (864) 797-7600
Lana Wilson 3 Plover Court Columbia, SC 29203

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Lana Wilson	Prisma Health Medical Group-Midlands		04/24/2022	05/07/2022	05/13/2022	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,396.03	128.09	225.09	86.69	956.16
YTD	14,004.31	1,269.48	2,106.04	282.02	10,346.77

Earnings							
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	
Regular	04/24/2022 - 05/07/2022	64.217	17.45	1,120.60	696.2	12,148.77	
Ben-Med Removal			0		11.6	202.43	
Ben-PTO	04/24/2022 - 05/07/2022	15.7833	17.45	275.43	91.0999	1,589.73	
Diff-Shift Evening/Night			0		0.417	0.53	
OT Hours-Regular			0		2.399	41.88	
OTM-Overtime Premium			0		2.399	20.97	
Earnings				1,396.03		14,004.31	

Employee Taxes				Amount	YTD
Description					
OASDI				83.81	840.79
Medicare				19.60	196.64
Federal Withholding				52.18	417.47
State Tax - SC				69.50	651.14
Employee Taxes				225.09	2,106.04

Pre-Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
403b EE Contribution	83.77	826.28	Accident Enhanced	5.36	53.60
Dental High Employee Pre Tax	10.05	100.50	Hospital Indemnity	8.22	82.20
Non-HDHP Employee Pre Tax	27.20	272.00	Uniforms-The Scrub Shop	73.11	146.22
Vision High Employee Pre Tax	7.07	70.70			
Pre-Tax Deductions	128.09	1,269.48	Post Tax Deductions	86.69	282.02

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
AD&D Basic	0.20	2.00	OASDI - Taxable Wages	1,351.71	13,561.11
Dental High Employer	8.91	92.43	Medicare - Taxable Wages	1,351.71	13,561.11
LTD	4.28	42.80	Federal Withholding - Taxable Wages	1,267.94	12,734.83
Life Basic	0.63	6.30	State Tax Taxable Wages - SC	1,267.94	12,734.83
NON-HDHP Employer	236.06	2,360.60			
STD	7.62	76.20			
Employer Paid Benefits	257.70	2,580.33			

		Federal	State	Absence Plans		
Marital Status	Head of Household		Single	Description	Accrued	Reduced Available
Allowances	0		0	PTO	6.768	15.7833 10.7471
Additional Withholding	0		0			

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Chime	Chime *****2820	*****2820		956.16 USD



Prisma Health Medical Group-Midlands 15 Medical Park Suite 300 Columbia, SC 29203 (864) 797-7600
Lana Wilson 3 Plover Court Columbia, SC 29203

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Lana Wilson	Prisma Health Medical Group-Midlands		05/08/2022	05/21/2022	05/27/2022	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,440.53	130.76	235.59	86.69	987.49
YTD	15,444.84	1,400.24	2,341.63	368.71	11,334.26

Earnings						
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Regular	05/08/2022 - 05/21/2022	72.467	17.45	1,264.55	768.667	13,413.32
Ben-Med Removal			0		11.6	202.43
Ben-PTO	05/08/2022 - 05/14/2022	7.5333	17.45	131.46	98.6332	1,721.19
Diff-Shift Evening/Night			0		0.417	0.53
OT Hours-Regular	05/15/2022 - 05/21/2022	1.7	17.45	29.67	4.099	71.55
OTM-Overtime Premium	05/15/2022 - 05/21/2022	1.7	8.73	14.85	4.099	35.82
Earnings				1,440.53		15,444.84

Employee Taxes		
Description	Amount	YTD
OASDI	86.56	927.35
Medicare	20.24	216.88
Federal Withholding	56.36	473.83
State Tax - SC	72.43	723.57
Employee Taxes	235.59	2,341.63

Pre-Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
403b EE Contribution	86.44	912.72	Accident Enhanced	5.36	58.96
Dental High Employee Pre Tax	10.05	110.55	Hospital Indemnity	8.22	90.42
Non-HDHP Employee Pre Tax	27.20	299.20	Uniforms-The Scrub Shop	73.11	219.33
Vision High Employee Pre Tax	7.07	77.77			
Pre-Tax Deductions	130.76	1,400.24	Post Tax Deductions	86.69	368.71

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
AD&D Basic	0.20	2.20	OASDI - Taxable Wages	1,396.21	14,957.32
Dental High Employer	8.91	101.34	Medicare - Taxable Wages	1,396.21	14,957.32
LTD	4.28	47.08	Federal Withholding - Taxable Wages	1,309.77	14,044.60
Life Basic	0.63	6.93	State Tax Taxable Wages - SC	1,309.77	14,044.60
NON-HDHP Employer	236.06	2,596.66			
STD	7.62	83.82			
Employer Paid Benefits	257.70	2,838.03			

	Federal	State	Absence Plans		
Marital Status	Head of Household	Single	Description	Accrued	Reduced Available
Allowances	0	0	PTO	6.768	7.5333 9.9818
Additional Withholding	0	0			

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Chime	Chime *****2820	*****2820		987.49 USD



Prisma Health Medical Group-Midlands 15 Medical Park Suite 300 Columbia, SC 29203 (864) 797-7600
Lana Wilson 3 Plover Court Columbia, SC 29203

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Lana Wilson	Prisma Health Medical Group-Midlands		05/22/2022	06/04/2022	06/10/2022	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	745.41	89.05	80.33	413.81	162.22
YTD	16,190.25	1,489.29	2,421.96	782.52	11,496.48

Earnings							
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	
Regular	05/22/2022 - 06/04/2022	32.733	17.45	571.20	801.4	13,984.52	
Ben-Med Removal			0		11.6	202.43	
Ben-PTO	05/22/2022 - 05/28/2022	9.9833	17.45	174.21	108.6165	1,895.40	
Diff-Shift Evening/Night			0		0.417	0.53	
OT Hours-Regular			0		4.099	71.55	
OTM-Overtime Premium			0		4.099	35.82	
Earnings				745.41		16,190.25	

Employee Taxes			
Description	Amount	YTD	
OASDI	43.47	970.82	
Medicare	10.17	227.05	
Federal Withholding	0.00	473.83	
State Tax - SC	26.69	750.26	
Employee Taxes	80.33	2,421.96	

Pre-Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
403b EE Contribution	44.73	957.45	Accident Enhanced	5.36	64.32
Dental High Employee Pre Tax	10.05	120.60	Home and Auto	327.12	327.12
Non-HDHP Employee Pre Tax	27.20	326.40	Hospital Indemnity	8.22	98.64
Vision High Employee Pre Tax	7.07	84.84	Uniforms-The Scrub Shop	73.11	292.44
Pre-Tax Deductions	89.05	1,489.29	Post Tax Deductions	413.81	782.52

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
AD&D Basic	0.20	2.40	OASDI - Taxable Wages	701.09	15,658.41
Dental High Employer	8.91	110.25	Medicare - Taxable Wages	701.09	15,658.41
LTD	4.28	51.36	Federal Withholding - Taxable Wages	656.36	14,700.96
Life Basic	0.63	7.56	State Tax Taxable Wages - SC	656.36	14,700.96
NON-HDHP Employer	236.06	2,832.72			
STD	7.62	91.44			
Employer Paid Benefits	257.70	3,095.73			

	Federal	State	Absence Plans		
Marital Status	Head of Household	Single	Description	Accrued	Reduced Available
Allowances	0	0	PTO	3.614	9.9833 3.6125
Additional Withholding	0	0			

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Chime	Chime *****2820	*****2820		162.22 USD



Prisma Health Medical Group-Midlands 15 Medical Park Suite 300 Columbia, SC 29203 (864) 797-7600
Lana Wilson 3 Plover Court Columbia, SC 29203

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Lana Wilson	Prisma Health Medical Group-Midlands		06/05/2022	06/18/2022	06/24/2022	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,433.98	130.36	234.06	13.58	1,055.98
YTD	17,624.23	1,619.65	2,656.02	796.10	12,552.46

Earnings						
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Regular	06/05/2022 - 06/17/2022	80	17.45	1,396.00	881.4	15,380.52
Ben-Med Removal			0		11.6	202.43
Ben-PTO			0		108.6165	1,895.40
Diff-Shift Evening/Night			0		0.417	0.53
OT Hours-Regular	06/05/2022 - 06/17/2022	1.45	17.45	25.31	5.549	96.86
OTM-Overtime Premium	06/05/2022 - 06/17/2022	1.45	8.73	12.67	5.549	48.49
Earnings				1,433.98		17,624.23

Employee Taxes			Amount	YTD
Description				
OASDI			86.16	1,056.98
Medicare			20.15	247.20
Federal Withholding			55.75	529.58
State Tax - SC			72.00	822.26
Employee Taxes			234.06	2,656.02

Pre-Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
403b EE Contribution	86.04	1,043.49	Accident Enhanced	5.36	69.68
Dental High Employee Pre Tax	10.05	130.65	Home and Auto		327.12
Non-HDHP Employee Pre Tax	27.20	353.60	Hospital Indemnity	8.22	106.86
Vision High Employee Pre Tax	7.07	91.91	Uniforms-The Scrub Shop		292.44
Pre-Tax Deductions	130.36	1,619.65	Post Tax Deductions	13.58	796.10

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
AD&D Basic	0.20	2.60	OASDI - Taxable Wages	1,389.66	17,048.07
Dental High Employer	8.91	119.16	Medicare - Taxable Wages	1,389.66	17,048.07
LTD	5.14	56.50	Federal Withholding - Taxable Wages	1,303.62	16,004.58
Life Basic	0.63	8.19	State Tax Taxable Wages - SC	1,303.62	16,004.58
NON-HDHP Employer	236.06	3,068.78			
STD	7.62	99.06			
Employer Paid Benefits	258.56	3,354.29			

		Federal	State	Absence Plans		
Marital Status	Head of Household		Single	Description	Accrued	Reduced Available
Allowances	0	0	0	PTO	6.768	10.3805 0
Additional Withholding	0	0	0			

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Chime	Chime *****2820	*****2820		1,055.98 USD



Prisma Health Medical Group-Midlands 15 Medical Park Suite 300 Columbia, SC 29203 (864) 797-7800
Lana Wilson 3 Plover Court Columbia, SC 29203

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Lana Wilson	Prisma Health Medical Group-Midlands		06/19/2022	07/02/2022	07/08/2022	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	181.14	0.00	16.08	0.00	165.06
YTD	17,805.37	1,619.65	2,672.10	796.10	12,717.52

Earnings						
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Regular			0		881.4	15,380.52
Ben-Med Removal			0		11.6	202.43
Ben-PTO			0		108.6165	1,895.40
Diff-Shift Evening/Night			0		0.417	0.53
OT Hours-Regular			0		5.549	96.86
OTM-Overtime Premium			0		5.549	48.49
Ben-PTO Termination	06/12/2022 - 06/17/2022	10.3805	0	181.14	10.3805	181.14
Earnings				181.14		17,805.37

Employee Taxes			
Description	Amount	YTD	
OASDI	11.23	1,068.21	
Medicare	2.62	249.82	
Federal Withholding	0.00	529.58	
State Tax - SC	2.23	824.49	
Employee Taxes	16.08	2,672.10	

Pre-Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
403b EE Contribution		1,043.49	Accident Enhanced		69.68
Dental High Employee Pre Tax		130.65	Home and Auto		327.12
Non-HDHP Employee Pre Tax		353.60	Hospital Indemnity		106.86
Vision High Employee Pre Tax		91.91	Uniforms-The Scrub Shop		292.44
Pre-Tax Deductions	0.00	1,619.65	Post Tax Deductions	0.00	796.10

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
AD&D Basic		2.60	OASDI - Taxable Wages	181.14	17,229.21
Dental High Employer		119.16	Medicare - Taxable Wages	181.14	17,229.21
LTD		56.50	Federal Withholding - Taxable Wages	181.14	16,185.72
Life Basic		8.19	State Tax Taxable Wages - SC	181.14	16,185.72
NON-HDHP Employer		3,068.78			
STD		99.06			
Employer Paid Benefits	0.00	3,354.29			

	Federal	State
Marital Status	Head of Household	Single
Allowances	0	0
Additional Withholding	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Chime	Chime *****2820	*****2820		165.06 USD

27
52



Richland County Sheriff's Department

5623 Two Notch Road, Columbia, South Carolina 29223

Office: (803) 576-3000

WWW.RCSD.NET - SHERIFF@RCSD.NET

Date: **June 03, 2022**

Dear Richland County Sheriff's Department Employee: **Lana Lisboa Wilson**

Position hired: **Deputy Sheriff No experience**

Annual Salary: **\$38,999.87**

Hours: **85 hours per pay period**

Hourly Rate: **\$17.647**

Your start date and first day of work is: **June 20, 2022**

Congratulations, you are now part of the Richland County Sheriff's Department Family. Listed below are important details concerning your employment status with the Sheriff's Department. Please follow these instructions for your first day of employment.

Report to the Richland County Administration Building, 2020 Hampton Street, Columbia SC for New Employee Orientation (NEO). NEO will be held in the Council Chambers 2nd floor. NEO will start at 9:00 am. Please allow yourself time to park in the large parking lot next to the building and be in place by 8:45 am. Enter the lot from Lady Street off Harden Street. Someone will contact you prior to your first day with instructions on when and where to report after NEO.

Please report dressed in professional attire. Make sure you have your Driver's License, Social Security Card, and checkbook or voided check, for direct deposit, with you. If you do not have a check, bring something from your bank on letterhead with the routing number and account number. Also, have any family information that you may want to include on any family insurance plans. (Spouse and children's dates of birth and social security number, etc.)

Someone will be contacting you to advise your schedule after completing orientation. If you have not heard from anyone by the end of orientation, contact me at (803) 600-9419.

Outside Employment - Should you have employment in addition to working at RCSD, DO NOT complete the Richland County outside employment form at orientation. RCSD has its own form available from Major Yturria.

Should you have any questions or concerns, please contact me at (803) 576-3463 or on my cell phone (803) 600-9419.

Sincerely,

Maria Yturria
Major



July 13, 2022

Subject: United States Postal Service - Job Offer - **Action Required**

Dear Lana Wilson,

Congratulations! Based on the information provided in your application and assessment results (if applicable), we are pleased to offer you the position of CITY CARRIER ASSISTANT - COLUMBIA SC NC10965556 NB11029638.

The United States Postal Service is one of our nation's largest employers, and we are excited about your interest in working with us!

This job offer and any subsequent employment are conditioned on your meeting medical, eligibility, suitability, and background-investigation requirements. Please do not resign from your current job at this time.

Important information requiring your action is attached. Please open the document(s) attached to this correspondence and follow the instructions and guidance.

Your effective date will be determined once you complete the necessary information and post-offer checks described above. Note that in some cases, your appointment may become effective before we have finished processing those checks and determined whether you meet the post-offer requirements, but your continued employment will remain conditioned on the successful completion of those post-offer requirements.

In addition to this conditional-offer letter, you will also receive a **second email** containing a personal link to our online system where you will accept or decline this conditional job offer. You will have **3 calendar days** to respond to this conditional job offer and complete all required actions for accepting it. Additional information relevant to this conditional job offer is provided in the second email.

We look forward to your acceptance of this conditional job offer and appreciate your interest in employment with the United States Postal Service.

Sincerely,

A handwritten signature in black ink that reads "Joseph Bruce". The signature is fluid and cursive, with the first name "Joseph" and last name "Bruce" clearly distinguishable.

Joseph Bruce
Director, National Human Resources
United States Postal Service
Washington, DC 20260

Fill in this information to identify your case:

Debtor 1 Lana Lisboa Wilson

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 22-01900
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

8

☐ No

☒ Yes

Son

15

☐ No

☒ Yes

Daughter

17

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,200.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>150.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>69.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>185.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>450.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>25.00</u>
10. Personal care products and services	10. \$ <u>25.00</u>
11. Medical and dental expenses	11. \$ <u>25.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>100.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>25.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES	16. \$ <u>25.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>2,304.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,304.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,435.49</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,304.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>131.49</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO EXPENSES WITHIN THE NEXT YEAR.

Fill in this information to identify your case:

Debtor 1 Lana Lisboa Wilson
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 22-01900
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Lana Lisboa Wilson
Lana Lisboa Wilson
Signature of Debtor 1

Date August 17, 2022

X _____
Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1 **Lana Lisboa Wilson**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **22-01900**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
5705 SEABURY STREET Columbia, SC 29203	From-To: JUNE 2010 TO MARCH 2021	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$17,805.37	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

Debtor 1 **Lana Lisboa Wilson**Case number (if known) **22-01900**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2021)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$35,017.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2020)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$35,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	N/A	\$0.00		
For last calendar year: (January 1 to December 31, 2021)	N/A	\$0.00		
For the calendar year before that: (January 1 to December 31, 2020)	N/A	\$0.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **Lana Lisboa Wilson**Case number (if known) **22-01900****7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?☒ No☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?☒ No☐ Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
--	---	-------------------	------------------------

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$186.00 FILING FEE: \$313.00	JULY 2022	\$499.00
1\$WISER CONSUMER EDUCATION 6650 RIVERS AVENUE, STE 100 Charleston, SC 29406	CREDIT COUNSELING: \$0.00	JULY 2022	\$0.00
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES PAID THROUGH DEBTORS PREVIOUS CHAPTER 13 BANKRUPTCY: \$1,650.14	APRIL 2020 TO MAY 2022	\$1,650.14
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$189.00 FILING FEE: \$310.00	DECEMBER 2019	\$499.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$9.76	DECEMBER 2019	\$9.76

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you UNKNOWN	2003 FORD TAURUS, VALUE (\$200)	DEBTOR SOLD VEHICLE AFTER ENGINE STOPPED WORKING FOR \$200 WHICH WAS USED FOR HOUSEHOLD EXPENSES AND OTHER BILLS	2019
NONE			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

Debtor 1 **Lana Lisboa Wilson**

Case number (if known) **22-01900**

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 Lana Lisboa Wilson

Case number (if known) 22-01900

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name

Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Lana Lisboa Wilson

Lana Lisboa Wilson

Signature of Debtor 1

Signature of Debtor 2

Date August 17, 2022

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).